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Drug demand reduction: world situation with regard to drug abuse, in particular among children and youth

World situation with regard to drug abuse, in particular among children and youth

Note by the Secretariat

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I. Introduction

1. At its forty-third session, the Commission on Narcotic Drugs adopted draft resolution 43/4, entitled "International cooperation for the prevention of drug abuse among children". The resolution requested the United Nations International Drug Control Programme "to submit, on the basis of existing reporting instruments, (...), a report on the implementation of the present resolution, as well as on the situation with regard to drug and inhalant abuse among children and on prevention and treatment programmes, indicating global trends, organized according to geographical regions, and containing proposals for international cooperation aimed at prevention". The present report is submitted pursuant to that resolution.

2. The importance of the issue of drug abuse among young people has been repeatedly noted by Member States. Both the Political Declaration (S-20/2, annex) and the Declaration on the Guiding Principles of Drug Demand Reduction (S-20/3, annex) adopted by the General Assembly at its twentieth special session, devoted to countering the world drug problem together, highlight the importance of investing in and working with young people to address drug problems. More specifically, in the Political Declaration, the Member States:

> "Welcome the efforts of the wide range of people working in various fields against drug abuse and, encouraged by the behaviour of the vast majority of youth who do not consume illegal drugs, decide to give particular attention to demand reduction, notably by investing in and working with youth through formal and informal education, information activities and other preventive measures" (paragraph 6).

Likewise, the Declaration on the Guiding Principles of Drug Demand Reduction specifically mentions youth as a group in need of attention:

> "There has been an increase in social and economic factors which make people, especially the young, more vulnerable and likely to engage in drug use and drug-related risk-taking behaviour" (paragraph 3);
>
> "Demand reduction programmes should be designed to address the needs of the population in general, as well as those of specific population groups, special attention being paid to youth ..." (paragraph 13).

3. The Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (resolution 54/132) invites States to establish and support mechanisms, as required, including networks that facilitate the participation of young people in the design and implementation of programmes intended for them. The importance of encouraging the active participation of young people in drug prevention activities was also reiterated by the General Assembly in its resolution 53/115, in which it:

> "Recalls the World Programme of Action for Youth to the Year 2000 and Beyond, adopted by the General Assembly on 14 December 1995, notes with satisfaction of the active participation of youth organizations and youth during the special session, and stresses the importance of their continuing to contribute their experiences and to participate in the decision-making processes, in particular in relation to the elaboration of the action plan for the

implementation of the Declaration on the Guiding Principles of Drug Demand Reduction" (section II, paragraph 11).

4. The structure of the present report is as follows: first, a regional overview of drug abuse among children and youth is provided; secondly, emerging issues in that area are highlighted; and thirdly, recommendations on possible policies and strategies to prevent drug abuse among children and youth are considered. For the most part, attention will be confined to examining trends since 1990. That is an appropriate window for analysis, both because it represents a reasonable time-frame against which to reflect on contemporary developments, and because sufficient information on drug abuse among young people during that period is available for analysis. Moreover, the past decade was the United Nations Decade against Drug Abuse (1991-2000), highlighted by the adoption of the Convention on the Rights of the Child (resolution 44/25, annex) and the implementation of the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s, adopted at the World Summit for Children held in 1990.

5. The present report is based on information obtained from a range of sources, including the following: the annual reports questionnaire submitted by Member States to the United Nations International Drug Control Programme (UNDCP); regional and national school surveys (such as the European School Survey Project on Alcohol and Other Drugs and the *Monitoring the Future Study* carried out in the United States of America); household or population surveys; and other ad hoc research publications.

6. As a prerequisite to discussing issues relating to children and youth, the definitions of the two terms should be briefly considered. Problems may arise, since the use and meaning of the terms varies considerably between countries. Children are defined in article 1 of the Convention on the Rights of the Child as "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier". "Youth" have also been defined by the United Nations as those between the ages of 15 and 24 years. The World Health Organization (WHO) considers adolescence to be the period between 10 and 19 years. The term "young people" is commonly used for the composite age group of 10- to 24-year-olds.

7. The above-mentioned working definitions reflect a degree of consensus about the salient determining factors (biological, social and cultural) that pertain to children and youth worldwide. However, it should be noted that the notions of children and youth vary considerably across countries and reflect differing socio-economic and cultural contexts. In particular, the social and cultural entry into adolescence or adult life may correspond to those events and rites of passage that are specific to individual societies.

8. For the sake of clarity, the term "children and youth" will be used in the present report to refer to all persons up to 24 years of age.

9. The age of first exposure to and experimentation with drugs differs from country to country and depends on the circumstances and the environment. In some specific situations, such as that of children living in the streets or working children, abuse of inhalants is common at a very young age (often as young as even six or seven). Such behaviour may be associated with the concurrent abuse of alcohol, tobacco or other drugs, or it may predispose the individual to the development of

future drug problems. In general, however, for the majority of children and young people who try drugs, first exposure to drug use appears typically to take place well into adolescence, during the middle or late teenage period. Early age of onset of first drug consumption has also been identified as a predictor of the development of future drug problems and is commonly associated with other social problems.

10. It is important to remember that children are not only affected by their own use of drugs. The abuse of drugs by one or both parents is linked, in some cases, to birth defects or low birth weight, and can lead to the vertical transmission of infection with the human immunodeficiency virus (HIV). After birth, drug abuse by family members may adversely affect parenting behaviour, be associated with child abuse and neglect, or affect the material income and stability of the household. In some countries, children and young people participating in the production, processing and trafficking of drugs may face adverse social, legal or health consequences.

11. Many difficult physical and emotional changes take place during the period from childhood to adolescence. During that period, children and young people acquire some of the skills that are central to their development and, at the same time, they establish habits and behaviours that will often accompany them in their adult life. In drug prevention terms, it is then a period of both opportunity and risk. Since it is so often the time when many young people begin experimenting with drugs, a good argument exists that drug prevention work should start early before behaviours have become established. While it is important to distinguish conceptually between those involved in experimentation and the far smaller number of persons who go on to develop long-term chronic problems, measures to inhibit experimental use remain nevertheless worthwhile. Reducing experimental use is likely to lead to a corresponding reduction in the number of those who go on to develop sustained and problematic consumption patterns. Experimental use itself can have adverse consequences, such as acute and possibly fatal reactions to a single dose of methylenedioxymethamphetamine (MDMA). The effective prevention of drug abuse is therefore important for young people throughout their childhood and adolescence. The targeting and development of prevention programmes is likely to be dependent on understanding patterns and trends in drug abuse among young people and the factors associated with experimentation and continued use. Information on drug abuse patterns and trends among young people is thus of crucial importance for the design of prevention programmes that not only reduce drug abuse among young people, but also, in the long term, prevent problematic drug abuse by the adult population.

12. Information about the extent of drug abuse among young people in the world is often lacking, and the available data do not permit systematic comparisons. Surveys are usually carried out in different years and often use markedly different sampling and data collection methods. Where household surveys are conducted, they suffer from a number of limitations. Young people may be reluctant to admit using drugs in the presence of their families, they may not be included in the sample for ethical or administrative reasons, or they are simply more likely to be absent from the household when sampling occurs. Moreover, in many countries of the world, household surveys of the general population are neither methodologically nor practically viable. The most commonly available information on drug abuse among young people usually relates to specific populations, most often samples of school students. Such information, though valuable for the identification of trends and

attitudes, does not cover the extent of drug abuse among those who have left school or among school dropouts and truants. That problem is important, as prevalence rates may be far higher among those groups than among school attendees in general. Also, as with household surveys, there may be response problems; caution should therefore be exercised when generalizing from such survey results. Nonetheless, school surveys over the last 10 years have developed considerably in terms of the methodology used, their coverage and the comparability of results. Many developed and developing countries now invest in this area of data collection and UNDCP is supporting the further development of the methodological tools.

13. In some countries, survey results are complemented by special studies on street children or other special groups to provide a more comprehensive picture of the drug abuse situation. Dedicated research studies using qualitative and quantitative techniques have also been used to good effect to understand the nature of drug consumption by young people and the dynamics by which problematic behaviours become established. An important role has been played by the work on drug vulnerability, which has sought to identify those factors that are associated with the development of drug abuse problems. Most of the work has been conducted in developed countries and understanding of the issue elsewhere remains poor. However, a wide range of factors have been identified as being associated with an increased potential to develop problems, and may serve to support the early targeting of, and provision of assistance to, those young people most vulnerable to developing future problems.

14. During the forty-second session of the Commission on Narcotic Drugs, the Secretariat submitted a report entitled "Youth and drugs: a global overview" (E/CN.7/1999/8), in which global trends by drug of abuse were analysed. The present report, while building on the information of that earlier report, tries to update that information and provide a regional analysis of trends during the 1990s, as requested by the Commission.

II. World situation with regard to emerging trends in drug abuse

15. Before discussing the specific issue of drug abuse among children and youth, a brief overview of the world situation with regard to emerging trends in drug abuse, based on the responses to the annual reports questionnaire for 1999, is provided (see table).

Table
Reported trends in drug abuse[a]
(Percentages based on number of respondents (N) and all States receiving questionnaire (193))

Drug	Number of States responding (N)	Percentage increase based on	193 States	Stable percentages based on	193 States	Percentage decrease based on	193 States
		N		N		N	
Amphetamine type[b]	53	71	20	28	8	15	4
Cannabis	68	66	23	22	8	12	4
Cocaine	54	57	16	27	8	15	4
Heroin	57	59	18	16	5	25	7

[a]Data based on replies to the annual reports questionnaire submitted by 1 December 2000.

[b]Because of the way in which the annual reports questionnaire handles amphetamines, replies may reflect trends in different directions for amphetamines, methamphetamine and other amphetamines. Multiple trends for individual countries are therefore possible and are reflected in the percentages given.

16. Interpreting questionnaire replies relating to drug demand is made more difficult by a number of technical problems associated with the design of the questionnaire. The problems have been recognized by the Commission and a revised questionnaire is currently being prepared. Interpretation is further complicated by the non-response rate. In 1999, annual reports questionnaires were distributed to 193 Member States and territories for reporting purposes. Of that number, 117 (61 per cent) submitted replies to the Commission by 1 December 2000. The questionnaire comprises three parts. Part two covers demand issues. Of the 117 replies submitted, only 94 (49 per cent) included information in the part concerned with demand. However, the replies in that part were often partial. The table reflects rates of response to questions about current trends in drug abuse. It may be noted that response rates to those questions varied between 53 and 68 per cent, depending on which drug is considered; in other words, about a third of all States (27-35 per cent) submitted replies to those questions. Interpretation of trends is clearly difficult with such a level of response, and caution should therefore be used in drawing conclusions from the data. The percentages given are based on both the possible number of States that could respond (193) and the actual number of replies submitted to the given question.

A. Opioids

17. Fifty-seven States responding to the question on trends reported a rise in the abuse of opiates. Just under two thirds of the replies (18 per cent of all States) indicated an increase, and just over one third (12 per cent of all States) reported that the abuse was stable or in decline. The reported increases were evident mainly in States of central Asia, eastern Europe, Latin America, the Middle East and southern Africa. By contrast, a broadly stable picture has been reported in States members of the European Union,[1] and Belgium, Portugal and Spain, in the annual reports questionnaire, have indicated some decline. The United States has reported a stable

situation with respect to heroin abuse, and China has noted some decline. Of particular concern is the particularly high rate of prevalence reported in a small number of countries (including the Islamic Republic of Iran, the Lao People's Democratic Republic, some areas of Myanmar and Pakistan. Of equal concern are the continuing diffusion of drug injecting as a mode of opioid administration and the potential and actual impact of injecting on the spread of infection with HIV.

B. Cocaine

18. Fifty-four countries reported on cocaine trends. As with heroin, just under two thirds reported an increase and just over a third reported a stable situation or declining abuse. As with the other data contained in the present report, the non-response rate calls for caution in using the data to draw conclusions about global trends. In addition, since relative prevalence rates vary greatly between countries, the relative significance of increasing or decreasing trends in terms of the number of persons affected will also vary. For example, some countries have very small or virtually non-existent cocaine-abusing populations. Overall, abuse of cocaine is still concentrated in the Americas. In terms of trends, in the United States, the largest cocaine market in the world, consumption remains stable, having declined dramatically since the mid-1980s. However, various European countries, as well as Australia, Canada and South Africa, were among those reporting an increase in abuse. Most reports related to cocaine powder rather than crack cocaine (cocaine base), the abuse of which appears far more restricted.

C. Cannabis

19. Cannabis continues to be the most widely consumed drug worldwide, with some level of abuse being found in virtually all countries. Abuse trends are somewhat mixed. In Europe, except for Spain and the United Kingdom of Great Britain and Northern Ireland, which reported a stable situation, and Greece, which reported a reduction, abuse appears to be increasing. Slightly more countries reported an increase in the abuse of cannabis compared with the other drugs under consideration, but response rates were slightly higher and it is unclear from the data what conclusion, if any, should be drawn from that finding. Increased abuse is also reported by a number of countries in west Africa (including Côte d'Ivoire, though not Nigeria), several countries in South America (Argentina, Brazil and Colombia), Central America, the Caribbean, North America (Canada) and Oceania (Australia and New Zealand). By contrast, decreased abuse is reported in Andorra, India, Lebanon, Maldives, Singapore, Tajikistan and Uzbekistan.

D. Amphetamine-type stimulants

20. The abuse of amphetamine-type stimulants (ATS) remains concentrated in Northern America, east and south-east Asia, Oceania and western Europe. It should be remembered that amphetamine, methamphetamine and the Ecstasy group of drugs can all be reported under the heading of ATS. Drugs of that type are likely to vary in terms of route of administration, consumption patterns, associated trends, impact on health and other problems. In south-east Asia (Cambodia, Indonesia and

Thailand), an increase in 1999 was reported, and considerable concern exists in particular about the use of methamphetamine. The dramatic increase in the abuse of Ecstasy and amphetamine that occurred during the 1990s in western Europe appears to have stabilized or even to be in decline. However, continued diffusion of Ecstasy abuse is still observable elsewhere, but prevalence levels are usually low. Some countries in Latin America and west Africa have also reported problems of ATS abuse, but they appear to be related to products intended for pharmaceutical purposes that are obtained without a prescription.

21. In conclusion, global trends produce a mixed picture. There are grounds for optimism, since abuse trends in some areas, in developed countries in particular, appear to have stabilized and in some instances to be in decline. Concern still exists about the diffusion of drug problems in developing countries. In particular, the spread of drug injecting, and the associated risk of HIV and other infections continue to cause concern, as does ATS abuse in general, and specifically methamphetamine abuse in south-east Asia.

III. Overview of the drug abuse situation among youth: global trends in the abuse of drugs during the 1990s

22. Overall, drug prevalence rates among youth in many countries are higher than for the general population. That situation is due to various factors common to almost all countries. As already mentioned, the main reason remains the fact that adolescence is a period of experimentation and search for identity, and that young people are more likely than adults to experiment with various things, including drugs. Thus, prevalence rates among youth can be three or four times higher than those found among the general population.

23. During the past decade, patterns and trends in drug abuse among young people differed from region to region. In developed countries, and increasingly elsewhere, some forms of drug consumption are often associated with particular youth subcultures and lifestyles. The beliefs and values of some subcultural groups serve to legitimize consumption in the eyes of their members. In such cases, the risks associated with consumption may tend to be downplayed or even ignored. In many developed countries, that led, during the past decade, to drug abuse becoming entrenched in the lifestyle of a small but significant minority of young people, with a corresponding general increase in drug abuse during the early 1990s. However, more recently, there have been some signs of stabilization and, in some cases, even a decrease in the abuse of certain drugs. One important factor is the continued development of more effective prevention and demand reduction measures. Other factors are also likely to have an impact, including the saturation of vulnerable populations and changing economic and social conditions. In developed countries, in particular, evidence exists that prevention efforts related to HIV and acquired immunodeficiency syndrome (AIDS), and injecting drug use have had an impact, with a resulting decline in injecting among young people and in related risk behaviours.

24. Abuse of Ecstasy, which escalated in many European countries during the early 1990s, is showing signs of stabilization and decline, according to surveys carried out in 1999. In the United States, the 1999 *Monitoring the Future Study*

indicates that for the third straight year there has been no significant increase in the abuse of drugs, and that the abuse of certain drugs is even falling among youth.

25. In other regions, where not so much data are available, the increase in drug abuse that started in the 1990s seems, however, to be continuing. In central and eastern Europe, since 1989, drug abuse has increased dramatically, especially among young people, reaching in some cases abuse rates similar to those of developed western countries.

26. In Latin America, prevalence rates remain well below the levels registered in the United States and western Europe, but there has been an overall increase in the abuse of drugs by young people. In Africa, the limited data available indicate an increase in the abuse of drugs, especially cannabis, and the appearance of various synthetic drugs, as well as cocaine and heroin.

27. In Asia, the information available does not make it possible to comment in detail on the prevalence rates among children and youth. For the most part, after cannabis, ATS are the major illicit drugs of abuse in several countries of east and south-east Asia. Heroin abuse remains a problem in some areas, but is less commonly found among young people. In south and south-west Asia, cannabis is also the most widely abused drug among young people, followed in some cases by pharmaceutical products and in others by heroin.

28. In summary, lifetime prevalence of cannabis abuse among young people is high in many countries and its abuse is spreading in some areas while stabilizing or even declining in others. ATS abuse is widespread in Asia and Ecstasy abuse, while stabilizing or decreasing in some western European countries, is increasing in eastern Europe and is also spreading to other regions. There are big variations in the prevalence of cocaine abuse. Following declines in the late 1980s and some increases in the early 1990s, cocaine abuse appears to have stabilized among youth in the United States. In western Europe, there have been increases in the abuse of cocaine, though at levels considerably lower than those registered in the United States. Injection of heroin has decreased dramatically in developed countries, but is increasing among youth in eastern Europe, while there are signs of a rise in abuse of heroin by smoking in the United States. Abuse of inhalants, which are not under international control, is common, and remains a serious problem for many children and young people worldwide.

A. Africa

29. Information on drug abuse in Africa is limited. Nonetheless, there are indications that cannabis is the most widely abused illicit drug across the continent, followed in some countries of southern Africa by methaqualone or by various pharmaceutical preparations (benzodiazepines, barbiturates, ATS etc.). In some countries of eastern Africa, the abuse of khat is widespread. Ecstasy appeared recently in Africa and its abuse appears to be growing, while drugs such as heroin and cocaine do not seem to be popular among youth in the region. Prevalence rates for illicit drugs among children and young people in Africa are generally relatively lower than those registered in other regions of the world. However, there are indications that, during the 1990s, the abuse of drugs slowly but constantly increased in various countries of the region. Drug abuse in the rapidly expanding

urban areas and the links between drug abuse and criminal behaviour are of particular concern.

30. Inhalants seem to be mostly abused by young people and children in Africa. For example, lifetime prevalence, registered in various years during the 1990s, was 19 per cent in Kenya and around 12 per cent in Swaziland and Zimbabwe. After inhalants, cannabis is the drug that shows the highest prevalence rates. In Kenya, a 1993 study reported a 12 per cent lifetime prevalence for cannabis. In Namibia, lifetime prevalence among school students was 7 per cent (in 1991) and in Swaziland 9 per cent (in 1997).

31. In South Africa, the abuse of drugs is rising and children and young people are the most affected. Three local school studies undertaken in the urban regions of Cape Town, Durban and Gauteng report lifetime prevalence rates of cannabis abuse that vary between 3.5 and 32 per cent, being highest for Cape Town males in grade 11. The study in Cape Town found that abuse of cannabis almost doubled among students between 1990 and 1997. Cannabis and, to a lesser extent, mandrax (methaqualone) are popular, but Ecstasy and lysergic acid diethylamide (LSD) have started to appear at so-called rave parties and on the disco scene. Heroin also has appeared and the mean age of those receiving treatment for heroin as a primary drug of abuse was reported to be 23 years and decreasing. Inhalants abuse is also high and prevalence rates are between 4 per cent and 16 per cent.

32. In the United Republic of Tanzania, there are reports of heroin abuse among unemployed youth. Also, a 1997 study among primary and secondary students aged 6 to 21 years reported lifetime prevalence of 0.3 per cent for opiates. That may seem to be a low prevalence rate, but the age range considered is very broad and the inclusion of younger children tends to dilute the data. The same study reports 2.2 per cent for cannabis and 0.5 per cent for cocaine.

B. Americas

1. North America

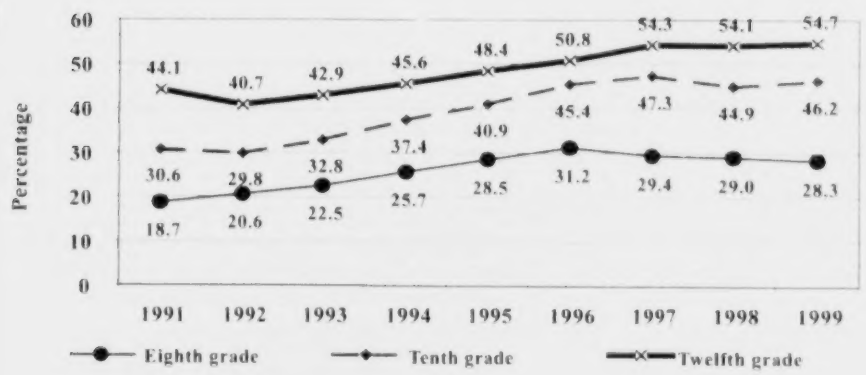
33. In 1975, the majority of young twelfth-grade students (55.2 per cent) in the United States had abused an illicit drug. That figure rose to two thirds (65.6 per cent) in 1981, before a long and gradual decline that reached 40.7 per cent in 1992. Since then, the abuse has increased again to reach peak levels in the mid-1990s. Overall prevalence rates for many drugs among adolescents in the United States slowly receded between 1997 and 1998 and remained stable in 1999 (see figure I).

34. Significant exceptions are cocaine and crack cocaine. Abuse of those drugs among students went down considerably between 1985 and 1992, but the trend reversed between 1992 and 1999 while remaining below the peak levels of the 1980s. Many circumstances have favoured those developments. On the one hand, considerable investments in drug abuse prevention have been made during the past decade and they seem to be showing results. In addition, a series of external factors in the country (unprecedented economic development, low unemployment and a low crime rate etc.) may have created a virtuous circle that contributed to the positive trends. However, although the abuse of drugs remained steady according to the latest *Monitoring the Future Study*, the overall assessment at the end of the

twentieth century was that the problem of drug abuse remained widespread among young people in the United States. Today, over half of them (55 per cent) have tried an illicit drug before they complete high school.

Figure I

Trends in lifetime prevalence rates of abuse of any illicit drugs for eighth-, tenth- and twelfth-grade students in the United States, 1991-1999



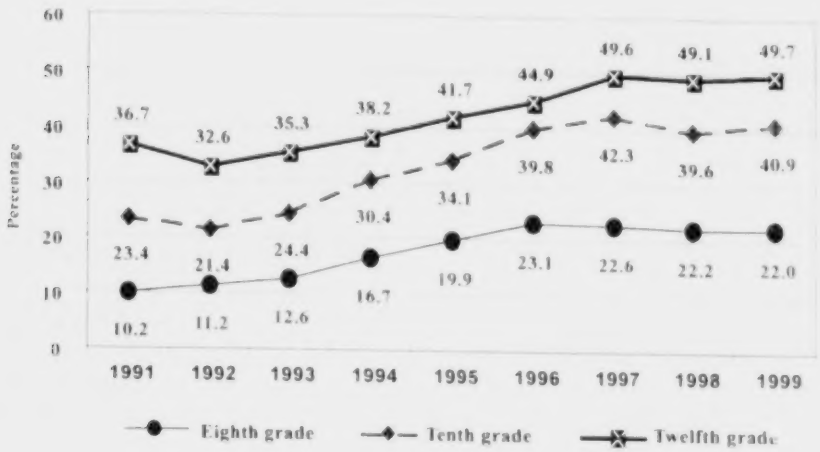
Source: [2].

35. Cannabis remains the most widely abused illicit drug, with high prevalence rates among all grades surveyed by the above-mentioned study (see figure II). While a number of drugs held steady in 1999, the abuse of Ecstasy registered a strong increase, especially in urban areas of the north-eastern United States. Heroin abuse, though remaining stable in 1999, has been increasing since 1991, and especially alarming is the fact that the average age of first-time users dropped from 21 in 1994 to 17 in 1997. Inhalant abuse continued its long-term decline.

36. In Canada, during the 1990s, trends in drug abuse were substantially similar to those of the United States. The 1999 Ontario Students Drug Survey shows that after a substantial decrease during the 1980s from the peak prevalence rates of the middle and late 1970s, since 1993 the use of drugs has been moving upwards, though still remaining below the record levels of 1979. Cannabis abuse in 1999 was 29.2 per cent, compared to 12.7 per cent in 1993. Significant increases in the abuse of eight major drugs were reported, especially since 1997. Lifetime prevalence rates in 1999 were 34.7 per cent for cannabis, 16.3 per cent for hallucinogens, 10.9 per cent for inhalants, 7.1 per cent for amphetamines, 5.1 per cent for cocaine, 3.5 per cent for sedatives and 2.8 per cent for opiates. The 1998 Nova Scotia Students Drug Use survey shows prevalence rates similar to those of Ontario. Ecstasy and gamma hydroxybutyrate, because of their low cost and high availability, have become the popular drugs of choice for young people. The abuse of those substances in Canada could increase in the future.

Figure II

Trends in lifetime prevalence rates of cannabis abuse for eighth-, tenth- and twelfth-grade students in the United States, 1991-1999



Source: [2].

37. In Mexico City, studies on drug abuse by students show that, as in many other countries, boys more than girls are experimenting with drugs. However, the number of girls abusing drugs is increasing, and they seem to prefer tranquillizers (3.8 per cent lifetime prevalence compared to 2.5 per cent for boys). The same studies show that from 1993 to 1997, the proportion of adolescents that used cocaine doubled and the abuse of cannabis increased from 3 to 5 per cent, while the abuse of inhalants remained stable, with a slight decrease among boys (from 4 to 3 per cent).

2. Central America

38. Overall prevalence rates in Central America are lower than in the rest of the Americas. However, there is a significant abuse of tranquillizers and high abuse of inhalants.

39. A 1998 national study carried out in Guatemala among adolescent students (12 to 18 years of age) reported lifetime prevalence of 3 per cent for cannabis, 2.4 per cent for stimulants, 2.2 per cent for cocaine and 1.9 per cent for inhalants. Tranquillizers were at 3.8 per cent. A 1999 study on drug abuse among Guatemala students (12 to 18 years of age) found last-year prevalence to be as follows: cocaine 0.4 per cent, cannabis 0.2 per cent and inhalants 0.2 per cent, with tranquillizers having a very high last-year prevalence rate of 3.7 per cent.

40. In Panama, two different studies were carried out in 1996 (National Youth Survey) and 1998 (survey among students on the Atlantic coast). Both studies reported high lifetime prevalence for tranquillizers (7 per cent and 4.8 per cent) and less so for inhalants (3 per cent and 1.8 per cent) and amphetamines (2 per cent and 0.9 per cent).

3. Caribbean

41. For the Caribbean, little data are available about drug abuse, in particular among children and youth. In the early 1990s, two studies in Jamaica and Barbados reported lifetime prevalence for the abuse of cannabis among youth to be about 17 per cent, while, in the Dominican Republic, it was reported to be 1.8 per cent in 1992. Cocaine and crack abuse is estimated to be increasing, but specific data for young people are not available.

4. South America

42. Cannabis, though at levels of abuse much lower than in Europe and North America, is the major illicit drug abused by young people in South America. After cannabis, cocaine and coca paste are the illicit drugs most commonly abused by children and young people. Inhalants, which are not under international control, are also widely abused in the region.

43. In Bolivia, drug abuse among students (12 to 21 years of age) increased during the 1990s. Lifetime abuse of cannabis was 2.6 per cent in 1993 and increased to 3.5 per cent in 1999. Similarly, lifetime abuse of other drugs also increased, namely, cocaine from 0.7 to 1.7 per cent, coca paste from 0.8 to 1.7 per cent, hallucinogens from 1 to 2.9 per cent and inhalants from 2.5 to 3.1 per cent.

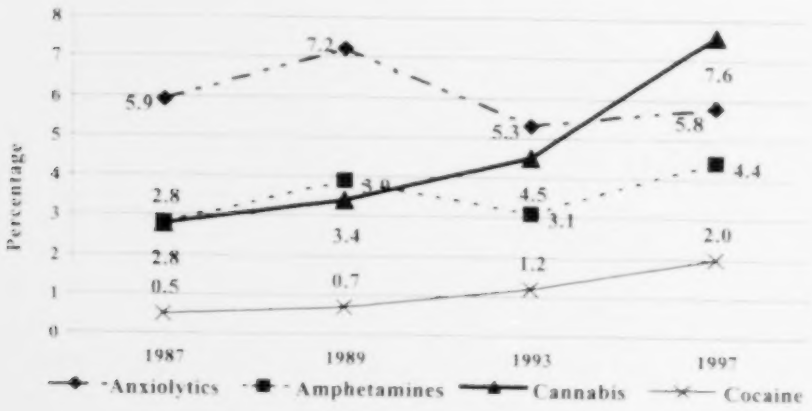
44. Two surveys of drug abuse among students aged 10 to 19 years were carried out in 1993 and 1997 in 10 major cities in Brazil (see figure III). The comparison between the two surveys shows a significant increase in the abuse of all drugs with the exception of inhalants. Among the major abused drugs, statistically significant increases are reported for cannabis, amphetamines and cocaine. Cannabis abuse at least once in a lifetime increased from 5 per cent in 1993 to 7.6 per cent in 1997. The other drugs registered similar increases but remained below the rate of cannabis, ranging from 5.8 per cent for sedatives to 1.2 per cent for barbiturates, with amphetamine and cocaine abuse prevalence being between the two extremes.

45. In Colombia, lifetime prevalence of cannabis among young people (12- to 24-year-olds) has been constantly increasing, according to national survey data, from 3.2 per cent in 1992 to 4.6 per cent in 1996, reaching 9.2 per cent in 1999. According to 1999 data, cannabis abuse is followed by cocaine (3.6 per cent), tranquillizers (2.4 per cent), and coca paste (2.1 per cent). Consumption of heroin, though still relatively low (0.8 per cent), is a new phenomenon that is considered to be particularly worrisome. The number of overdoses remains small, but patients are mainly between 13 and 26 years of age.

46. In Chile, the abuse of cannabis among students is particularly high (see figure IV). National surveys registered a constant increase in the abuse of cannabis from 1994 to 1998. In 1994 lifetime prevalence of cannabis abuse among those aged 12 to 18 was 9 per cent; in 1996, it reached 10.7 per cent and, in 1998, increased again to 11.1 per cent. Similar trends are registered for cocaine (1.3 per cent in 1998) and coca paste (1.6 per cent in 1998), but the percentages are well below those registered for cannabis. A 1995 school survey reported slightly higher rates for most drugs, but the major drugs of abuse remain cannabis, coca paste and cocaine. Heroin lifetime prevalence is 0.6 per cent

Figure III

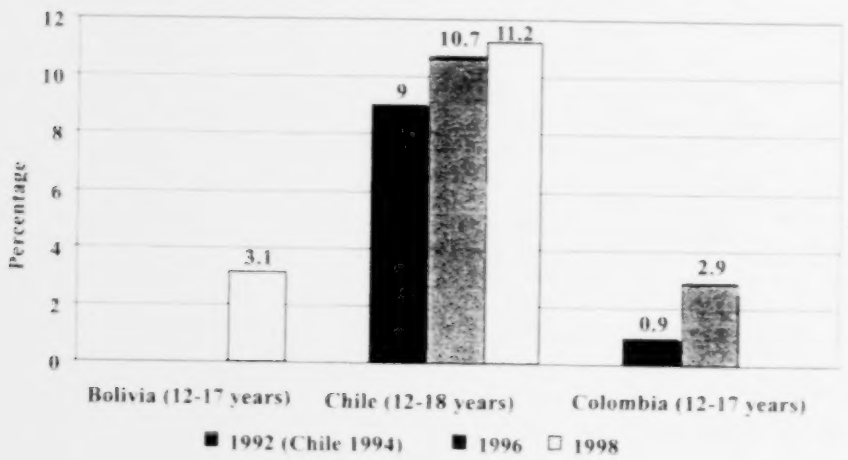
Lifetime prevalence rates of abuse of various drugs among students from 10 to 18 years of age in 10 state capital cities in Brazil



Source: *Boletim CEBRID*

Figure IV

Trends in lifetime prevalence rates of cannabis abuse among teenagers in Bolivia, Chile and Colombia



Sources: Latin American Scientific Research Centre (CELIN), Bolivia; National Council for the Control of Narcotic Drugs (CONACE), Chile; and the National Narcotics Directorate (DNE), Colombia.

47. Ecuador carried out its first national survey on drug abuse among students in 1998. Abuse of tranquillizers (6.6 per cent) recorded the highest lifetime prevalence, followed by cannabis (3.9 per cent), stimulants (3.6 per cent), coca paste (2.8 per cent), cocaine (2.4 per cent), inhalants (2.2 per cent), hallucinogens (1.9 per cent) and heroin (1.6 per cent).

48. In Peru, the National Survey on Drug Abuse shows a reduction in drug abuse during the period 1997-1999. Last-year prevalence for cannabis abuse is relatively low among the general population, but higher (1.8 per cent) in the age range of 17 to 19 years. Other drugs with significant prevalence are tranquillizers, coca paste, cocaine and inhalants.

49. In Venezuela, a 1996 school survey reported lifetime prevalence rates considerably lower than those of other countries in the region. Lifetime prevalence for cannabis was 1.8 per cent, followed by cocaine (1.3 per cent), coca paste (0.9 per cent) and heroin (0.6 per cent).

50. In Uruguay, a national survey carried out in 1998 reported high lifetime prevalence abuse rates for tranquillizers (7.2 per cent) among young people from 12 to 19 years of age. Lower lifetime prevalence rates were reported for cannabis (3.7 per cent) and cocaine (0.8 per cent).

C. Asia

51. Amphetamines remain one of the major drugs of abuse in many Asian countries and the abuse is growing, also among children and youth. A 1999 study carried out in Thailand among students from grade six to high school found that 12.4 per cent of them had experimented with drugs. Among those currently abusing drugs, 54.8 per cent abused methamphetamines, 20 per cent cannabis and 18.1 per cent volatile solvents. The estimated lifetime prevalence of methamphetamines abuse among Thai youth was 5.6 per cent in 1998. In the Philippines, a study carried out in the National Capital Region reported a 1999 lifetime prevalence of amphetamine abuse of 4.3 per cent among high-school students and 3.9 per cent among college students. In Japan, lifetime prevalence of methamphetamine abuse among young people was reported to be 0.5 per cent (1998).

52. A 1996 study of eight cities in seven provinces of China showed that over a half of heroin abusers are below 25 years of age. In addition, abuse of Ecstasy is reported to have been increasing sharply, especially among young people. The reported number of drug abusers increased by 40 per cent in the first quarter of 2000. Nearly half of them abused Ecstasy, compared with 25 per cent in the last quarter of 1999. In the Hong Kong Special Administrative Region of China, lifetime and last-month prevalence rates for various drugs among students increased during the 1990s. In 1996, 2.1 per cent of students had tried heroin, compared with 0.3 per cent in 1992, while 1.6 per cent had tried cannabis, compared with 0.8 per cent in 1992.

53. A school survey among students aged 12 to 21 years, carried out in 1999 in Vientiane, reported 4.8 per cent lifetime abuse for ATS, 4.7 per cent abuse of prescription drugs and 5.4 per cent abuse of solvents. In Cambodia, lifetime abuse

of any illicit drugs among students from 16 to 17 years of age was reported to be at 28 per cent (1997).

54. In Nepal, 1992 data collected in Kathmandu show high lifetime prevalence for cannabis (6.1 per cent) and heroin (2.5 per cent). Local studies in southern India (1993) also show a high prevalence of cannabis abuse (27 per cent) among students, but that information should be treated with caution, since it refers to a specific area of the country and cannot be considered representative of national patterns.

55. In central Asia, drug abuse is increasing and the number of young people involved appears to be significant. In Kyrgyzstan, in 1998, over 400 of the 5,000 registered addicts were teenagers. A study carried out in Almaty in 1998 reported an increase in the number of teenagers injecting drugs between 1995 and 1998. Currently 14 per cent of the injecting drug users are between 16 and 20 years of age. In Uzbekistan, a 1999 survey carried out in Tashkent of people between 14 and 30 years of age reported that 25.9 per cent of them had abused drugs once in their life. Among them, 78.5 per cent had abused heroin and 14 per cent cannabis.

D. Europe

1. Western Europe

56. Cannabis remains the most widely abused drug among schoolchildren in countries of the European Union (see figure V). The abuse of cannabis rose during the 1990s and stabilized at levels relatively higher than other substances. Solvent or inhalants abuse is also common in several countries. The rate of amphetamine abuse by schoolchildren at least once in their life is reported to be between 1 and 7 per cent, and the abuse of Ecstasy is between 2 and 8 per cent, while lifetime cocaine abuse is reported to be between 1 and 4 per cent. Solvents, amphetamines, Ecstasy and cocaine abuse also rose during the 1990s, but lifetime prevalence remains well below the levels reached by cannabis.

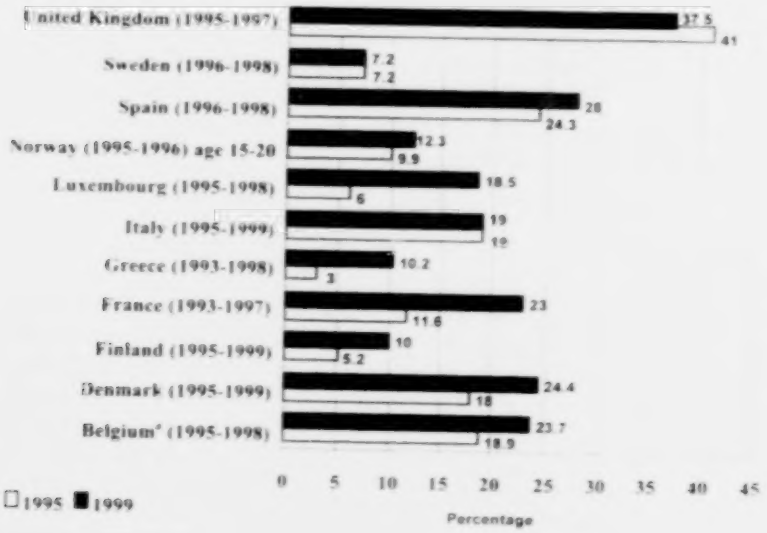
57. A comparison of the data collected among 15- to 16-year-old students in various countries in 1995 and 1999 (through the European School Survey Project on Alcohol and Drugs (ESPAD), initiated by the Pompidou Group within the framework of the Council of Europe and other sources) shows that cannabis abuse has stabilized in some countries (Italy and Sweden) and is even decreasing in countries with high prevalence. That is the case in the United Kingdom, where lifetime abuse of cannabis reached 41 per cent in 1995 and declined to 37.5 per cent in 1997.

58. A survey in the Netherlands also shows a slight decrease in the number of students aged 12 to 18 years who have used cannabis once in their life. During the period 1990 to 1996, overall drug abuse increased among students but, in 1998, the growing trend stabilized and even started to decline in some instances. In 1992, the prevalence rate for cannabis was 14.5 per cent. In 1996, it jumped to 20.8 per cent, and, for the first time in 16 years, the use of cannabis by students showed no further increase and remained at a lifetime rate of 19.5 per cent. However, it is also significant that from the middle to the end of the 1990s, in several countries, abuse of cannabis increased considerably. In France (from 11.6 to 23 per cent) and Luxembourg (from 6 to 18 per cent), the increase was more than 10 percentage points. In other countries and areas, such as the Flemish part of Belgium (from 18.9

to 23.7 per cent), Denmark (from 18 to 24.4 per cent), Finland (from 5.2 to 10 per cent), Greece (from 3 to 10.2 per cent), Norway (from 9.9 to 12.3 per cent) and Spain (from 24.3 to 28 per cent), the increase in percentage points was smaller. In the majority of the western European countries, lifetime prevalence for cannabis appears to be between 10 and 25 per cent.

Figure V

Lifetime prevalence rates of cannabis abuse among 15- and 16-year-olds in some States of western Europe, 1995-1999



Sources: annual reports questionnaires, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and the European School Survey Project on Alcohol and Drugs (ESPAD).

[a] Flemish part of Belgium.

59. The picture for Ecstasy is somewhat different. The comparison of the data from the surveys among 15- to 16-year-olds carried out in the middle and late 1990s shows that Ecstasy abuse has decreased from the peaks it reached in the mid-1990s. In the United Kingdom, Ecstasy lifetime abuse decreased from 8 to 3 per cent. In countries such as Germany (from 5.9 to 4.2 per cent), the Netherlands (from 5.6 to 3.8 per cent) and Spain (from 4.6 to 2.9 per cent), the decrease, also significant, was around two percentage points. In Italy, the lifetime prevalence rate remained stable at 4 per cent. A significant increase was reported in Denmark (from 0.5 to 3.1 per cent) while small increases were registered in the Flemish part of Belgium (from 5.5 to 6.2 per cent), Luxembourg (from 0.9 to 1.5 per cent), Norway (from 0.9 to 1.7 per cent) and Sweden (from 0.4 to 1 per cent). Overall, it seems that after years of increasing popularity, Ecstasy abuse is decreasing or stabilizing.

60. The trends described in western Europe seem to suggest that drug abuse patterns and trends are mixed. In countries where prevalence rates for cannabis and

Ecstasy have been relatively high, there are signs of stabilization and even decline. On the other hand, in countries where prevalence rates have been lower, there is an increase. It seems therefore that western European countries are gradually converging, through decreases or increases, towards relatively uniform levels of drug abuse.

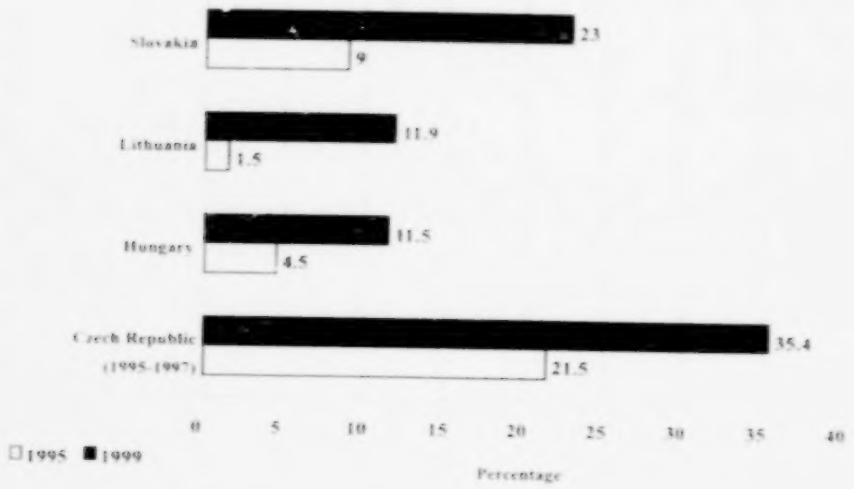
2. Central and eastern Europe

61. In central and eastern Europe lifetime prevalence rates, usually lower than in western Europe, increased dramatically during the 1990s and are rapidly approaching the levels of abuse of western Europe.

62. Surveys of schoolchildren show that lifetime prevalence of drug abuse among 15- to 16-year-olds increased significantly between 1994 and 1999 (see figure VI). Data from school surveys among 15- to 16-year-olds indicate that cannabis is the most abused drug in the region, and its abuse is increasing. In some countries, between 1995 and 1999, cannabis lifetime prevalence increased considerably. In the Czech Republic rates went up from 21.5 to 35.4 per cent. In Slovakia, lifetime prevalence was 9 per cent in 1995 and jumped to 23 per cent in 1999. In Hungary, the prevalence rate increased from 4.5 to 11.5 per cent and in Lithuania it rose from 1.5 to 11.9 per cent.

Figure VI

Lifetime prevalence rates of cannabis abuse among 15- and 16-year-olds in some States of Eastern Europe, 1995-1999



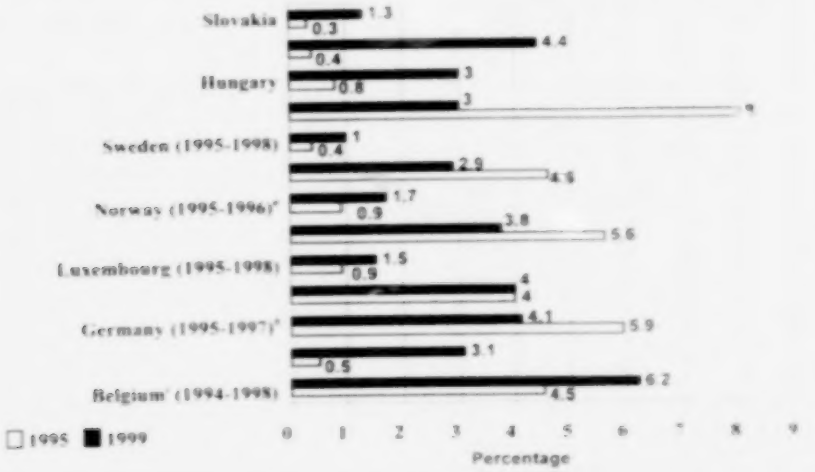
Sources: annual reports questionnaires, EMCDDA and ESPAD.

63. For three countries, it was possible to make a comparison of Ecstasy abuse (see figure VII). In Hungary, Ecstasy lifetime abuse increased from 0.8 per cent in

1995 to 3 per cent in 1999. In Lithuania, the increase was from 0.4 to 4 per cent and, in Slovakia, from 0.3 to 1.3 per cent.

Figure VII

Lifetime prevalence rates of Ecstasy abuse among 15- and 16-year-olds in some States of Europe, 1995-1999



Source: annual reports questionnaires, EMCCDA and ESPAD.

[a]Data for 15- to 20-year-olds.

[b]Data for 18- to 20-year-olds.

[c]Flemish part of Belgium.

64. Lithuania reported that the abuse of drugs (including heroin and cocaine) among young people has increased considerably in recent years. Hungary, in turn, reported increases in the demand for drugs (especially cannabis and amphetamines) among high-school students.

65. A study comparing data from 1994, 1997 and 1999 in the Czech Republic showed an increase in the number of school-aged children who abused drugs. Increases were registered for 6 out of 10 drugs monitored. They included barbiturates, pervitin (a methamphetamine) and heroin. Overall, the studies also reported an increase in the number of conflicts in the school due to drug abuse. Also, the ability to obtain drugs increased. The age level of first contact with drugs went down and the number of those who considered cannabis and solvents harmless increased. In 1999, 46.7 per cent of problematic drug users were between 15 and 19 years of age.

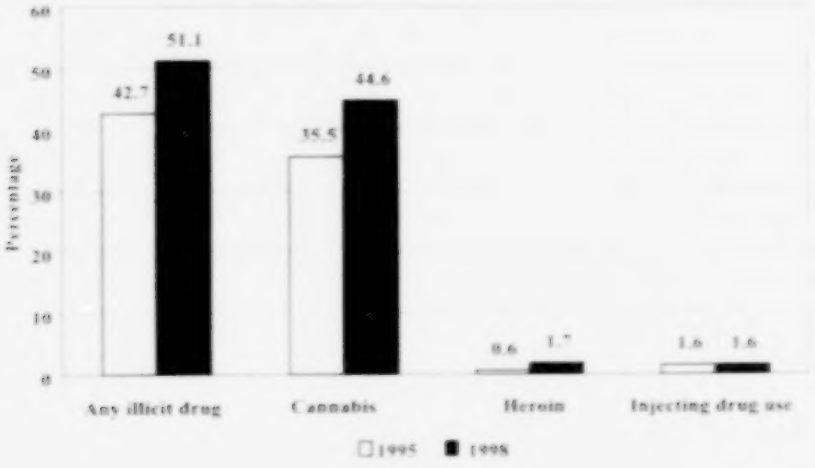
E. Oceania

66. Abuse of drugs in New Zealand during the 1990s increased considerably for all age groups. After alcohol and tobacco, cannabis is the most abused drug in the country. A comparative study of two surveys carried out in 1990 and 1998 shows that among people from 15 to 24 years of age, lifetime prevalence of cannabis increased from 44.8 per cent in 1990 to 47.4 per cent in 1998, respectively.

67. In Australia, national household surveys show that the abuse of any illicit drugs by people from 14 to 19 years of age increased between 1995 and 1998 (see figure VIII). In 1995, 42.7 per cent abused any illicit drugs in their lifetime, compared with over a half (51.1 per cent) in 1998. Similar increases were registered for cannabis, which remains the most abused drug among Australian youth (from 35.5 per cent in 1995 to 44.6 per cent in 1998) and for heroin (from 0.6 per cent in 1995 to 1.7 per cent in 1998).

Figure VIII

Lifetime prevalence rates of abuse of various drugs among 14- to 19-year-olds in Australia, 1995-1998



Sources: National drug strategy household surveys, Australia.

IV. Emerging issues

68. An analysis of the above-mentioned data on prevalence of drug abuse among children and youth points to the emergence of a series of issues that will need to be further explored. Those issues are briefly outlined below.

A. Cultural trends and drug abuse: towards a normalization or social acceptance of drug abuse?

69. One of the issues to consider is that of the widespread experimentation by many children and young people with various illicit drugs. High prevalence figures for cannabis abuse among youth in some parts of the world suggest an acceptance of the role of cannabis in the lives and experiences of a significant number of young people. Even though Ecstasy abuse is showing signs of decline and stabilization in some countries of western Europe, the growing popularity of drugs such as amphetamine, Ecstasy, methamphetamines and other ATS in eastern Europe, North America and certain countries in east and south-east Asia is a matter of particular concern.

70. In several countries, in particular developed countries, the abuse of certain drugs may no longer be confined to a small number of marginalized young people, but is becoming part and parcel of the life of the mainstream youth subculture. For example, drug abuse may be celebrated in the lyrics of popular songs, in the behaviour of certain entertainment artists, in the cinema and in advertisements aimed at young people. While it would be wrong to overstate the point, it is of concern that some young people appear to have become more tolerant towards experimentation with drugs. In addition, evidence exists to suggest that some patterns of drug use are sometimes portrayed as being associated with successful, fashionable and affluent lifestyles. As such their attractiveness to young people is increased. It is important, therefore, for prevention programmes to promote positive role models and encourage the adoption of healthy lifestyles.

71. Children and young people in many countries are being confronted with rapid social and technological change and a more competitive society, where the drive to succeed is high and personal self-fulfilment is emphasized. Moreover, a weakening of traditional values and family ties and increased needs for higher levels of stimulation are being experienced.

72. Available data show that in many countries a significant minority of young people experiment with illicit drugs, then give them up spontaneously when a particular stage of maturity has been reached, without any apparent permanent damage being done. However, the evidence suggests that even experimental use can be harmful. That may be especially true for children and adolescents who are in the process of physically and mentally developing. Drug abuse may also interfere with schooling and social development. Thus, drug prevention initiatives need to target experimental as well as sustained patterns of drug consumption.

B. Vulnerability of specific groups

73. Apart from the abuse of drugs among mainstream youth, evidence exists that strongly suggests that certain factors make some young people particularly vulnerable to chronic and long-term problems.

74. Some populations that might be considered particularly at risk include: displaced children, children and youth in institutional care, child soldiers, the sexually abused and exploited, those in contact with the criminal justice system, those excluded from school and those socially marginalized or excluded. Drug

abuse may be seen as functional for some of those groups (for example, to keep awake for work, to get to sleep, to reduce physical and emotional pain, to overcome fear or to alleviate hunger).

75. There are a number of factors that are common to all the groups of vulnerable young people, most notably the fact that they are surrounded by rapid social, economic and cultural change and that they frequently lack adequate family and community care and support. Not only do they often have increased needs but, at the same time, they are usually also less likely to be reached by existing services, programmes and channels of communication.

76. In addition to and in connection with drug abuse, there are other risk factors that need to be considered, for example, the increase of HIV infection that is concentrated in developing countries and among children and young people, and also vulnerability to sexual exploitation and sexual risk behaviour as a result of drug abuse.

77. Another aspect of vulnerability is the recruitment and use of children under 18 years of age as soldiers. Large numbers of children are recruited and trained by various militias and military forces involved in the many ongoing conflicts in the world. More than 300,000 children under the age of 18 are currently being used in armed conflicts in more than 30 countries around the world by government armed forces and armed opposition groups alike.

78. Susceptible to drugs and indoctrination, many of those children become dispassionate killers, committing atrocities in the name of causes that they are too young to understand. Often drawn from socially and economically disadvantaged groups, deprived of education and disowned by their families, the young soldiers are caught in a trap common to other forms of child labour and exploitation. In many cases the children are not older than 14 years, and many of them are reported to be under the influence of drugs and alcohol. Drugs are often easily obtained, since many militias may finance their operations through drug trafficking in addition to other activities.

79. There is also evidence to suggest that the number of children and young people living in vulnerable situations is growing. This is particularly true for urban areas of developing countries, where street life in all its aspects, including drug abuse and drug trafficking, is becoming the norm for a growing number of children and young people.

80. Programmers and service providers face a continuing challenge to meet the health and development needs of the above-mentioned groups, and to prevent the problems associated with their vulnerability. It remains a major challenge for Governments, intergovernmental organizations, non-governmental organizations and other sectors of civil society to reach out to children, to identify and implement effective strategies and to mobilize sufficient resources to ensure the basic rights of young people. In that context, it is essential to work with volunteers, youth workers and street workers who are in contact with young people and able to reach them, and also to provide those workers with appropriate tools and training to enable them to convey effective drug abuse preventive education to children at risk.

C. Accessibility to counselling and treatment services for young people

81. Related to the marginalization of young people is the issue of access to services for drug abuse counselling and treatment. In general, children and young people rarely visit existing health services. That is also true for services related to drug abuse counselling and treatment. One of the reasons is the fact that health services in general, and treatment and counselling services in particular, are designed for adults or hard-core drug users. They are not tailored to the needs of young people who often are in the phase of early abuse of drugs and do not consider themselves addicts.

82. There is therefore a need to provide children- and youth-friendly health and counselling services that respond to their specific physical and psychosocial needs, with particular attention to the abuse of illicit drugs and other psychoactive substances such as inhalants, alcohol and tobacco.

V. Actions undertaken by Member States

83. The responses of various States to the situation described above differ widely and do not always target the specific needs of young people. The main sources of information for the preparation of the present section have been the replies to the questionnaire for reporting on the action plans and measures adopted by the General Assembly at its twentieth special session received in the year 2000 by the Secretariat. Additionally, replies to part two, section 2, of the annual reports questionnaire from 1993 to 1999 were considered. The replies, however, usually indicate only whether certain activities exist and do not always provide information on the quality or impact of those activities.

84. Responding about prevention interventions, most States indicated the existence of information and education about drugs and drug abuse in schools. In most cases, that translated into extensive activities taking place at the various levels of the educational system, while, in other cases, activities appear to be isolated and sporadic. The reported activities differ widely, ranging from an annual symposium on drug abuse for secondary schoolchildren to comprehensive programmes combining different approaches, including peer-led interventions and cooperation with other sectors of society (parents, police, sports clubs and in the workplace). The majority of activities are concentrated in secondary schools, and to a lesser extent in primary schools, and they tend to taper off at the higher levels of education.

85. Regarding the provision of alternatives to drug abuse, in various countries youth groups and organizations, sport, leisure-time and other activities, mostly taking place at local level, are often quoted as examples.

86. Treatment and rehabilitation interventions especially dedicated to children and young people are not commonly reported. Treatment and rehabilitation services are mostly tailored to the needs of adults.

87. Nevertheless, children and young people are often mentioned among the specific at-risk populations for which special programmes have been developed.

This at-risk population is described as including young offenders, indigenous youth, children of drug-using parents, street children, disco enthusiasts and other categories that are at risk for various reasons. However, according to the available information, greater prominence is given to activities for children and youth in general, rather than to specific groups at risk.

VI. Policy and strategies: a healthy start for children and youth in the new millennium

88. As described above, overall drug use among youth in many countries is high. In addition, there is some tendency towards presenting some drugs as less harmful than they actually are. However, where consistent and sustained preventive interventions have been undertaken, positive results are gradually emerging. The signs of stabilization and even decrease in patterns of abuse reported from the United States and western Europe are a clear indication that comprehensive prevention strategies targeted at young people can and do work. But it is necessary to invest sufficient resources, to be prepared to wait for some time to elapse before results become visible, and to use tested and validated principles and approaches in the design and implementation of prevention strategies and programmes.

89. The patterns and trends of drug abuse among children and young people in various regions seem to reflect important differences, but also some commonalities. While the preferences for drugs may vary, there are some common trends that appear to be driven by a youth culture that is becoming more and more global. International cooperation in the domain of prevention is therefore fundamental. It is important that States exchange experiences on the successes and failures of various prevention approaches, and that such knowledge is available. To that end, a series of principles that have demonstrated a certain degree of effectiveness in reducing drug abuse among children and youth are set forth below.

90. No single approach or strategy has proven to be consistently effective in reducing drug abuse among young people. The evaluation of various programmes does not allow the identification of a recipe to be followed in all countries and contexts. There are too many factors influencing drug abuse and it is difficult to isolate them from one another. However, there is some consensus among experts, practitioners and youth themselves on what kinds of factors need to be taken into consideration when designing prevention programmes for youth.

A. Multiple approach

91. No single programme or approach can make the difference. Drug abuse is caused by a complex series of factors and to address such abuse effectively it is necessary to use a wide range of interventions. Each individual programme should be part of a broader approach and interventions should be designed to complement one another.

92. Effective drug abuse prevention programmes rarely use one prevention strategy exclusively. In general, the lessons learned and the experience of several

decades of drug abuse prevention suggest that three general elements should be included in prevention programmes:

(a) Addressing the values, perceptions, expectations and beliefs that young people associate with drugs and drug abuse;

(b) Developing life skills and social competencies to increase the capacity to make informed and healthy choices;

(c) Creating an environment where children and young people have the possibility to be involved in healthy activities and where substance abuse is not promoted by peers, family, the media and other influential actors in the community.

Programmes involving a multiple approach typically contain a range of prevention approaches and strategies that may include one or more of the following:

(a) Enhancement of protective factors and an attempt towards reversing or reducing known risk factors;

(b) Information on all forms of abuse of substances, including alcohol, inhalants and tobacco, as well as factual information about drugs, drug abuse etc.;

(c) Life-skills training, including training in resistance skills and development of social and personal skills and social competence (in communication, peer relationships, assertiveness etc.), including also exercises to increase self-perception and confidence;

(d) Interactive teaching methods that involve young people in the drug education programmes;

(e) Alternatives to drug abuse, such as sports, dance, theatre and spiritual and cultural enhancement;

(f) Family development, including parent training and advocacy;

(g) Peer education and peer group counselling;

(h) Advertisements and media messages on substance abuse prevention that are not based on scare tactics, but that focus on positive alternatives to drug abuse.

B. Drug prevention education at an early age

93. Recent information on drug abuse among children and youth suggests the need to begin substance abuse preventive education early in life and to continue such education with developmentally appropriate interventions. Research has established that the younger the age of first use of illicit drugs, the higher the severity of the drug problem later. The age of first experience with drugs has been falling in many regions of the world. Delaying drug use might be useful even if entirely preventing the abuse of drugs may be difficult to achieve. Therefore, it seems important for the success of prevention programmes that drug abuse preventive education should start in primary school. There is growing evidence that preventive education needs to be delivered at a time when it is more likely to influence attitudes and behaviour. Obviously, drug education entails not only information and knowledge about drugs, but also developing skills to identify feelings and be able to communicate those feelings to others. Success with such a strategy, as well as with other strategies,

depends also on targeting all forms of drug abuse, including alcohol and tobacco. Drug education needs to continue into secondary school and be sustained over a long period of time to be effective, because the impacts of the education, if not sustained, can fade quickly over time.

C. Participation and peer approaches

94. Young people are in many situations considered to be a target population and a problem, instead of also being a resource in the prevention of drug abuse. Raising the awareness of young people by providing them with essential, accurate and credible information is the first step to mobilize their interest. Their active participation can make a difference in drug abuse prevention. Furthermore, it is essential that their voices are heard in the attempt to raise awareness among policy makers and the public at large and that suggestions from young people on actions to be undertaken are seriously considered. Youth should be involved in all stages of the development of prevention programmes. There are also strong indications that involving young people as prevention agents in peer-led initiatives can produce good results.

95. Peer education is a relatively new innovation in the teaching methodology and in the prevention of drug abuse. Research on various programmes points to the fact that peer-based approaches are useful in preventing and reducing the negative health consequences of drug abuse. Young people are more likely to listen to and take the advice of someone with a similar experience than a teacher or a social worker. However, peer-based interventions should be planned carefully. It is important to target the intervention and to ensure that peer educators are carefully selected. Being young does not qualify one to be an effective peer educator.

96. The principle of peer education is that the message, which otherwise might not be heeded, is more credible because it comes from someone who has some things in common with the targeted youth. In addition, peer educators need to be not only provided with information and knowledge, but also equipped with teaching and other skills.

D. Life skills

97. A review of evaluations of primary and secondary school experiences in various countries suggests that prevention approaches based on life skills are the most effective approaches. Life skills are considered to be abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. Education in life skills applied to drug abuse prevention is supposed to facilitate the practice and reinforcement of psychosocial skills, thereby contributing to the promotion of personal and social development and the prevention of health and social problems, especially as related to drug abuse.

98. Life skills that are important to promote the health and well-being of children and young people include: self-awareness, empathy, communication skills, interpersonal skills, decision-making skills, problem-solving skills, creative thinking, critical thinking, coping with emotions and coping with stress. In drug abuse prevention, that means imparting skills in drug resistance and critical

thinking, social competence and the communication skills needed to explain and reinforce personal anti-drug commitments.

99. Life skills are usually best taught in an interactive manner that allows for the communication of new knowledge, the acquisition of new skills and the practice and the application thereof.

E. Parents and community involvement

100. Prevention programmes should be integrated into the institutions and organizations that are closest to children and young people and also to their families. The family and the community at large should be involved in order to reinforce the information that is communicated to young people in the context of prevention activities. Projects should seek to involve parents and communities, since the programmes involving parents in school drug education appear to be more effective. Parental involvement can be a route to and one aspect of wider community reinforcement of the drug education effort.

F. Targeted approaches

101. Not all young people are the same and they are not all equally vulnerable. Strategies should therefore be carefully tailored to clearly defined target groups. Programmes should be age- and gender-specific, developmentally appropriate and culturally sensitive. That means that counselling and treatment services should be child- and youth-friendly. Government agencies, non-governmental organizations and youth workers should be flexible enough to reach young people where they are and engage them in a constructive dialogue about their choices and options with respect to substance abuse. That means bringing drug abuse prevention to the streets, into the discos, to rave parties and wherever else it is necessary to go in order to convey effective prevention messages.

G. Long-term and intensive investments

102. Finally, substance abuse behaviours usually change very slowly. Prevention programmes therefore need to be sustained over a long period of time to be effective. Several studies have monitored the attitudes of young people towards drugs, the perception of risk and harm associated with specific drugs and patterns of abuse. For example, some studies suggest that a change in the perception of risk and harm associated with a particular drug takes three years to translate into an increase or decrease in the abuse of that drug. The perception of drugs by a child or a young person changes considerably over time. Various circumstances can positively or negatively influence the chances of success of prevention programmes that may appear to have been successful in some instances. Drug abuse prevention is a continuing process that needs to be reinforced at different stages in the development of children and adolescents, in particular at critical points of transition in life.

VII. The way forward

103. As already discussed, the past decades have been characterized by varying trends in drug abuse among children and young people. In many instances, the abuse of drugs has more or less increased. At the same time, there are indications that prevention efforts work if they are implemented according to key principles based on the validated experiences that are available. While many programmes around the world are certainly implementing innovative and effective preventive activities, they are mostly isolated efforts and few countries can benefit from such experiences. If examples of effective programmes could be documented, analysed and disseminated (so-called good practice), it would be of enormous benefit to all those involved in reducing the overall demand for drugs among young people, including not only young people themselves and programmes targeting them, but also Member States and international organizations. The past decade, which coincided with the United Nations Decade against Drug Abuse, culminated in the twentieth special session of the General Assembly. The past decade was also marked by the adoption of the Convention on the Rights of the Child and the Plan of Action adopted at the World Summit for Children in 1990. The goals thus established have yet to be fully achieved and need to be put into perspective. The commitments made by the international community during the past decade need to be renewed and the opportunities and challenges confronted in order to make a difference in the life of children and young people in the new millennium.

Notes

[1] European Monitoring Centre for Drugs and Drug Addiction, *Annual Report on the State of the Drugs Problem in the European Union 2000* (Lisbon, 2000).

[2] Institute for Social Research, *Monitoring the Future Study, 1999* (Ann Arbor, Michigan, 2000).